# Best Supportive Care for patients with complex Obesity

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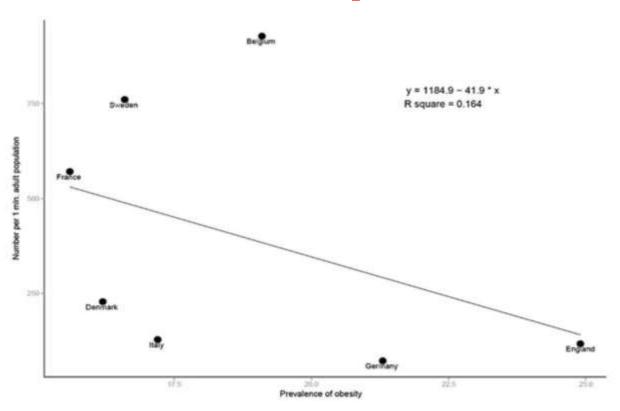
## Conflict of Interest disclosure

I have no potential conflict of interest to report



### Context

### Europe



Borisenko, O., Colpan, Z., Dillemans, B. et al. Clinical Indications, Utilization, and Funding of Bariatric Surgery in Europe. OBES SURG 25, 1408–1416 (2015)

### UK

#### NBSR: Operations recorded in each year for adult patients (n=70,461)

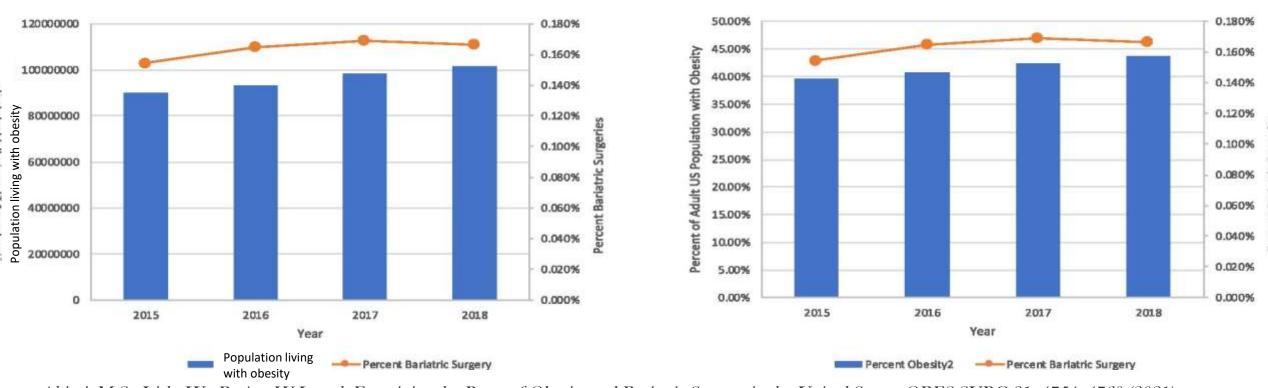


The United Kingdom National bariatric surgery Registry Third Registry Report. NBSR; 2020.



### Context

# Surgical utilisation trends in the USA 2015-2018 in patients with BMI >30

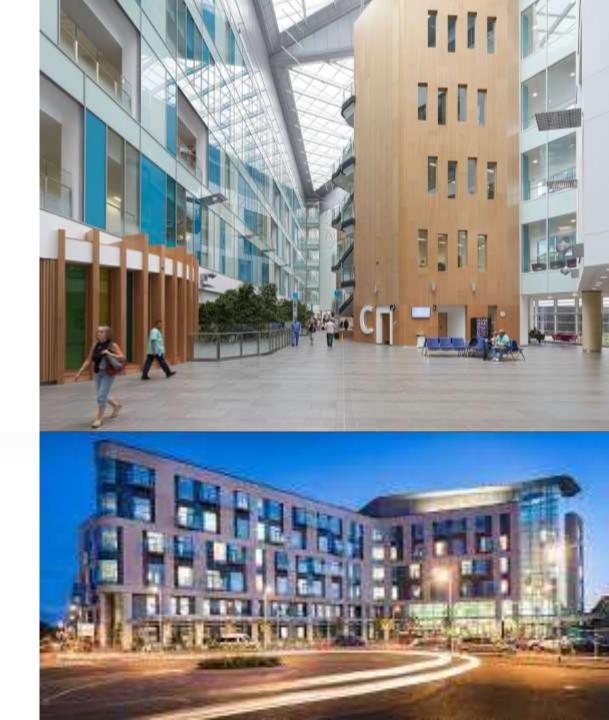


Altieri, M.S., Irish, W., Pories, W.J. et al. Examining the Rates of Obesity and Bariatric Surgery in the United States. OBES SURG 31, 4754-4760 (2021).



### **Bristol**

- Population served c. 500,000
- Tertiary service with Bariatric MDT
- Mean BMI at referral: 49.83
- Obesity associated diseases



### Methods

- Prospective cohort all referrals to the tertiary bariatric service in Bristol
- Minimum follow-up of 12 months
- All patients who received surgery were included
- Six years worth of referrals: April 2010 December 2016
- Total of 1266 patients
- 4 patients excluded as they were lost to follow-up (no surgical management)

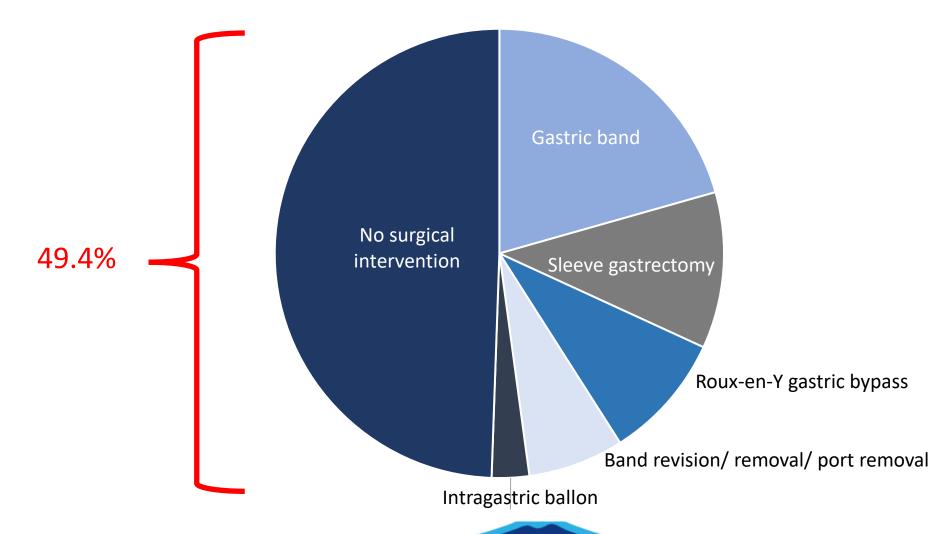


# Results

| Therapeutic outcome  | Procedure type                      | No. of patients (%) |
|----------------------|-------------------------------------|---------------------|
| Surgical procedure   | Gastric band                        | 260                 |
|                      | Sleeve gastrectomy                  | 142                 |
|                      | Roux-en-Y gastric bypass            | 115                 |
|                      | Band revision/removal/port revision | 87                  |
|                      | Total Surgical procedures           | 604 <b>(47.8%)</b>  |
| Endoscopic procedure | Intragastric balloon                | 34 (2.7%)           |
| No intervention      |                                     | 624 <b>(49.4%)</b>  |



# Results



### **Discussion**

- New information no previous quantification of attrition prior to surgery in the UK
- Huge unmet need for care
- Surgery is unlikely to be available, acceptable or affordable to the vast majority of people living with obesity
- Lessons from other specialities Oncology, Palliative Care
- Best supportive care
  - Medication
  - Endoscopy
  - Psychological support

- Nutrition
- Addressing obesity-associated diseases
- Discontinuing ineffective/ unnecessary treatments